

**REQUEST FOR SECTION 2(F)
 INFORMATION**

(See Important Notices Below)

To: U.S. Railroad Retirement Board
 Office of Programs – Operations
 Attn: Claims Adjustment & Settlement Section
 Telephone: (312) 751-4820
 Fax No. : (312) 751-7185

**RRB
 USE
 ONLY**

FOR RAILROAD USE ONLY

9. Payor Code: _____

1. Employee Name	2. SS Number	3. Pay for Time Lost (Exact Days)		4. Guarantee		5. Amount of Payment	6. Date of Payment	7. Information Only		10. Amount Due RRB and Billing Doc ID (If Requested)
		From	To	Month	Year			Yes	No	
									 ID:
									 ID:
									 ID:
									 ID:

8.
 Railroad: _____
 City: _____ State: _____
 Telephone: () _____
 Fax No. : () _____
 Name of Requestor: _____ Date: ____ / ____ / ____

Date Completed _____ Date Returned _____
 Comments: _____

 RRB Representative _____

Notices: - The Railroad Retirement Board's (RRB) completed reply is confirmation of the amount due under section 2(f) of the Railroad Unemployment Insurance Act.

Important: A subsequent fax report is required if you make a payment to the employee and this request is for "Information Only". The subsequent report is needed to determine the correct amount of reimbursement due the RRB, to prevent additional benefit payments and to trigger the release of a billing statement for the amount due. Billing Document ID numbers are provided upon request, but **only** for claims which have been settled, i. e. cases in which item 7 is checked "No." If reimbursement will be made without an RRB billing statement, return a copy of this form with your remittance or be sure to show your Payor Code and the Billing Doc ID on your remittance.

**AMOUNTS DUE THE RRB UNDER SECTION 2(F) MUST BE RECEIVED WITHIN 30 DAYS AFTER THE DATE OF PAYMENT TO THE EMPLOYEE.
 AMOUNTS THAT ARE NOT PAID WITHIN 30 DAYS ARE SUBJECT TO INTEREST CHARGES FROM THE DATE OF PAYMENT.**